UNITED STATES DISTRICT COURT

DIS	TRICT OF		
		APPEARANCE	
	Cas	e Number:	
To the Clerk of this court and all parties of record:			
	•		
Enter my appearance as counsel in this case	for		
I certify that I am admitted to practice in thi	s court.		
		CK L. GUZMAN	
Date	Signature		
	Print Name		Bar Number
	Address		
	City	State	Zip Code
	Phone Number		Fax Number